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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration  
Submitted  
With Initial  
Filing

OR

Declaration  
Submitted after Initial  
Filing (surcharge  
(37 CFR 1.16 (e))  
required)

Attorney Docket Number

02-022.7

First Named Inventor

Tiesler

COMPLETE IF KNOWN

Application Number

Filing Date

Art Unit

Examiner Name

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Sonic Weld Sunroof Trim Ring

(Title of the Invention)

the specification of which



is attached hereto

OR



was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number

and was amended on (MM/DD/YYYY)

(if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION — Utility or Design Patent Application


Direct all correspondence to: <input type="checkbox"/> Customer Number: <input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name Androu & Casson, Ltd., ATTN: Heather A. Wakefield			
Address 332 South Michigan Avenue, Suite 1144			
City Chicago	State Illinois	ZIP 60604	
Country United States	Telephone 312-935-2000	Fax 312-935-2001	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) John M.		Family Name or Surname Meier	
Inventor's Signature <i>John M. Meier</i>		Date 1-5-04	
Residence: City HARRISON TWP	State MICH	Country USA	Citizenship USA
Mailing Address 37670 MAPLEHILL			
City HARRISON TWP	State MICH	ZIP 48045	Country USA
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any)) Jim		Family Name or Surname Westemaker	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input type="checkbox"/> Customer Number: <span style="border: 1px solid black; display: inline-block; width: 100px; height: 1.2em; vertical-align: middle;"></span> OR <input checked="" type="checkbox"/> Correspondence address below			
Name Andreou & Casson, Ltd., ATTN: Heather A. Wakefield			
Address 332 South Michigan Avenue, Suite 1144			
City Chicago		State Illinois	ZIP 60604
Country United States	Telephone 312-935-2000	Fax 312-935-2001	
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NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) John M.		Family Name or Surname Tiesler	
Inventor's Signature			Date
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	ZIP	Country
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Jim		Family Name or Surname Westemaker	
Inventor's Signature <i>J. Westemaker</i>			Date <i>1/5/04</i>
Residence: City <i>Lambertville</i>	State <i>MI</i>	Country <i>USA</i>	Citizenship <i>USA</i>
Mailing Address <i>3133 Chanson Valley</i>			
City <i>Lambertville</i>	State <i>MI</i>	ZIP <i>48144</i>	Country <i>USA</i>
<input checked="" type="checkbox"/> Additional inventors or a legal representative are being named on the 1 supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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**DECLARATION****ADDITIONAL INVENTOR(S)**  
Supplemental SheetPage 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael C.		Dykman	
Inventor's Signature 		Date <u>1/7/04</u>	
Residence: City	State	Country	Citizenship
<u>LAKE ORION</u>	<u>MI</u>	<u>USA</u>	<u>USA</u>
Mailing Address <u>660 RENFREW AVE.</u>			
Mailing Address			
City	State	Zip	Country
<u>LAKE ORION</u>	<u>MI</u>	<u>48362</u>	<u>USA</u>
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Scott		Arnold	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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Supplemental SheetPage 1 of 1

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Michael C.		Dykman	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Scott D.		Arnold	
Inventor's Signature <i>[Signature]</i>		Date 1/6/04	
Residence: City FARMINGTON HILLS	State MI	Country USA	Citizenship
Mailing Address 33404 COLONY PARK			
Mailing Address			
City FARMINGTON HILLS	State MI	Zip 48331	Country USA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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# **POWER OF ATTORNEY and CORRESPONDENCE ADDRESS INDICATION FORM**

Application Number	
Filing Date	
First Named Inventor	Tiesler
Title	
Art Unit	
Examiner Name	
Attorney Docket Number	02-022.7

I hereby appoint:

☐ Practitioners associated with the Customer Number:

OR

☒ Practitioner(s) named below:

Name	Registration Number
Heather A. Wakefield	53,732
Bill Panagos	31,050
Larry Shelton	45,100

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☐ The address associated with the above-mentioned Customer Number:

OR

☐ The address associated with Customer Number:

OR

☒ Firm or Individual Name Andreou & Casson, Ltd., ATTN: Heather A. Wakefield

Address 332 South Michigan Avenue

Address Suite 1144

City Chicago State Illinois Zip 60604

Country United States

Telephone 312-935-2000 Fax 312-935-2001

I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

## **SIGNATURE of Applicant or Assignee of Record**

Name	JOHN TIESLER		
Signature	John M. Tiesler		
Date	12-10-03	Telephone	313-240-3805

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

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City Chicago State Illinois Zip 60604

Country United States

Telephone 312-935-2000 Fax 312-935-2001

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## **SIGNATURE of Applicant or Assignee of Record**

Name	Jimmy Mastromarino		
Signature			
Date	12/15/03	Telephone	313-240-3105

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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CORRESPONDENCE ADDRESS  
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Art Unit	
Examiner Name	
Attorney Docket Number	02-022.7

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OR

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OR

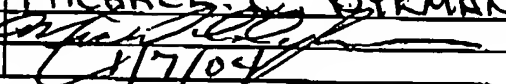
☐ The address associated with Customer Number:

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Andreou & Casson, Ltd., ATTN: Heather A. Wakefield				
Address	332 South Michigan Avenue				
Address	Suite 1144				
City	Chicago	State	Illinois	Zip	60604
Country	United States				
Telephone	312-935-2000	Fax	312-935-2001		

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)**SIGNATURE of Applicant or Assignee of Record**

Name	MICHAEL S. BYRMAN		
Signature			
Date	1/17/04	Telephone	313-240-3459

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Country	United States				
Telephone	312-935-2000	Fax	312-935-2001		

I am the:

☒ Applicant/Inventor.

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/98)

## SIGNATURE of Applicant or Assignee of Record

Name	Scott P. Andreou		
Signature	[Signature]		
Date	1/6/04	Telephone	312 240 3543

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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